INDEPENDENT CONTRACTOR – PSYCHIATRIC NURSE PRACTITIONER
SERVICE AGREEMENT

I. PARTIES

This Independent Agreement ("Agreement"), effective February 16th, 2024, between City of Laredo Detoxification Department, ROOTS Recovery Center ("Center"), and Gloria Nataki Koroma ("Practitioner") DBA Mind Care of Laredo.

The Center and the Practitioner are each referred to as a "Party" and, collectively, as the "Parties" agree to the following:

II. NATURE OF THE AGREEMENT

The Center seeks a Psychiatric Nurse Practitioner to serve as a mid-level for the Detoxification Department's 24-bed in-patient medical detoxification and crisis stabilization facility. The practitioner services required are as follows:

(a) Conduct initial face-to-face evaluations to determine level of care to admit patients into services.
(b) Asses the mental health needs of the patients by performing comprehensive psychiatric evaluations, and identify risk factors that might affect a patient's mental health.
(c) Formulate DSM-5 diagnoses based on the assessment and determine what will be the most effective plan of care.
(d) Utilize psychopharmacology, and in collaboration with the staff at the Center (Licensed Professional Counselors, Case Managers and other medical staff), place patients on a regiment of therapy and prescription medication to improve their mental health.
(e) Evaluate to ensure the desired outcome has been met. Re-assessment may be frequently needed depending upon overall patient condition. The plan of care may be adapted based on new assessment data.
(f) Be available for on-call services to assist in medical emergencies.

III. CONSIDERATIONS & PAYMENT

For the work performed, payment for services will be as follows:

(a) $250 per client for initial assessment
(b) $250 per psychiatric evaluation
(c) $75 per client for follow up appointments
(d) $85 per client for case consultation services, prescribing medication and required documentation.

Payments should be made at the end of each month upon submission of the invoice detailing the numbers of admissions, initial psychiatric evaluations, follow ups, documentation and consultation not to exceed $69,610 per year.

The Center engages and retains the Practitioner to provide the services and the Practitioner hereby accepts such engagement and agrees to provide the services.

IV. TERMS & TERMINATION

This Agreement shall be effective as of the date set forth and shall continue for a period of 9-months, ending September 30th, 2024.

This Agreement may be terminated with a 30-day written notice by either Party, immediately upon material breach of either party of the provisions under this Agreement, suspension or withdrawal of license, or as deemed necessary by the applicable regulatory authorities.

V. CONVENANTS, REPRESENTATIONS, & WARRANTIES

The Center represents and warrants that it is authorized to operate and perform clinical services and transactions, licensed in accordance with the laws and regulations of the State of Texas.

The Practitioner represents and warrants that they are licensed and authorized to perform the medical services for the Center, and is trained, experienced, and certified.

The Center shall furnish the Practitioner with reasonable administrative support to accomplish the duties and responsibilities under this Agreement.

The Center shall periodically evaluate Practitioner's performance under this Agreement.

The Practitioner is hereby retained to work for the Center and agrees to devote time, energy, and skills to deliver the duties and obligations stated in this Agreement.

VI. GENERAL PROVISIONS

1. RELATIONSHIP

The Practitioner acknowledges that this Agreement does not constitute an employment relationship with the Center. The Practitioner shall remain as a non-exclusive independent contractor hereunder.

2. COMMUNICATION

All forms of communication must be written and promptly delivered to the receiving Party through email.

Dr. Viviana Martinez svmartinez@ci.laredo.tx.us

Dr. Gloria Nataki Koroma glorianataki@yahoo.com

All shared information during the performance of this Agreement shall be deemed confidential, and the Parties shall protect such information from any third party.

3. APPLICABLE LAW

This Agreement and the interpretation of its terms will be under the laws of and subject to the exclusive jurisdiction of the State of Texas.

SIGNATURE

IN WITNESS WHEREOF, each of the Parties has executive these agreements as of the day and year set forth above.

CITY OF LAREDO

ROOTS RECOVERY CENTER authorized signature:

_____ **Date:** _____

Joseph Neeb
City Manager

_____ **Date:** _____

Viviana Martinez, Ph.D., DHA, LCDC, CART, QMHP
Detoxification Director
1300 Chicago St.
Laredo, Texas 78040
956-679-2826

APPROVED AS TO FORM

_____ **Date:** _____

Amber Holmes
Assistant City Attorney

_____ **Date:** _____

Mario Maldonado, Jr.
City Secretary

Provider:

_____ **Date:** _____

Gloria Nataki Koroma, DNP, PNP
3015 Chaucer Dr.
Laredo, Texas 78041